

216025315
105314

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

1	Total Number of Vehicles	Local No./ District 057	Agency Case No. B6-054964	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 06/20/2016		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 2238	POLICE NOTIFIED 2238	06/21/2016
B 68	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 48th St./ 'A' St. - 'C' St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
	106.00			X 'A' St.		
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13355738		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	JOSHUA S MATZEN		PHONE	4027708218	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/15/1979	
	1522 David Dr., LINCOLN, NE 68502					
G 2	OWNER	JOSHUA S MATZEN		PHONE	4027708218	
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB515760	
	1522 David Dr., Lincoln, NE 68504					
H 5	LICENSE PLATE	PA NO. TZX715	YEAR 2001	MAKE BMW	MODEL 330CI	BODY STYLE 2 door Sedan
V1/O 3	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR gray
V2/O	VEHICLE ID NO. (VIN)	WBABN534X1JU32898		INSURANCE COMPANY		ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$
	101 Charleston St.	TOWED BY Capital Towing		POLICY NO. 4142683251		
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 6	DRIVER			PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
	OWNER			PHONE	LOCAL NO.	
J 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q 1	LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	VEHICLE ID NO. (VIN)			INSURANCE COMPANY		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
K 01	TOWED TO	TOWED BY		POLICY NO.		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
1	JOSHUA S MATZEN	1522 David Dr., Lincoln, NE 68504		01/15/1979	01	1
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
		BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-054964

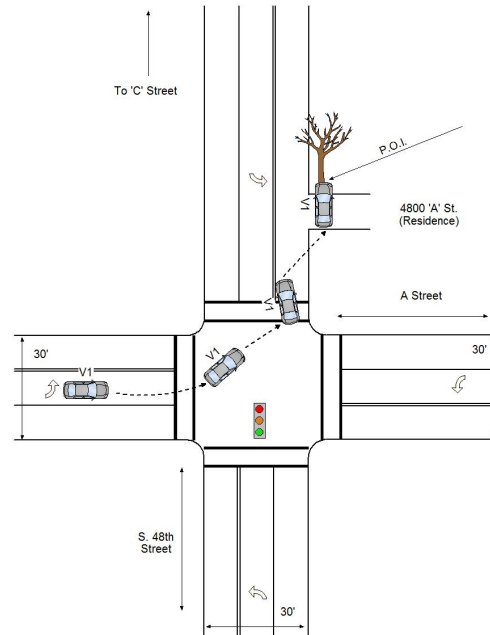


Indicate
North
by Arrow



POI: 106'07" N of N Edge of 'A' St.
6' E of E Edge of S 48th St.

-ALL MEASUREMENTS ARE APPROXIMATE
-NOT TO SCALE



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Officer was dispatched to an accident that occurred at S 48th St./A St. - 'C' St. Upon arrival, Joshua was identified as the driver of Vehicle #1. Joshua was traveling EB on 'A' St. at a high rate of speed and made a left turn onto S 48th St. The front end of Joshua's vehicle then collided into a tree on the east side of the street. Ryan, Brittany, and Rodney were all identified as witnesses to the accident. Joshua was transported to Bryan West and was cited/released for Willful Reckless Driving (DUI charge pending). Please see ACI for additional detail.

PROPERTY	OBJECT DAMAGED TREE	OWNER NAME CITY OF LINCOLN 555 S 10TH ST., LINCOLN, NE 68508	ADDRESS	PHONE 4024417204	APPROX. COST OF DAMAGE \$ 25
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Ryan W Castle (02-22-1983) 5930 English Park Ct., Lincoln, NE 68516				PHONE 3086412852
	NAME Brittany N Thomas (01-24-1990) 4721 S 45th St., Lincoln, NE 68516				PHONE 4022176846

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS	VEH 1	1	VEH 2
VEH NO.	N S E W ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)							
1	X S 48th St.			1	9	ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
2						ALCOHOL LEVEL TESTED	Y	X	Y
1	06 06 Turning left					BAC LEVEL	N	N	N
2	07 Making U-turn					ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	Driver No. 1 2		Driver No. 2
	08 Entering traffic lane								
	09 Leaving traffic lane								
	10 Parked								
	01 Essentially straight ahead								
	02 Backing								
	03 Changing lanes								
	04 Overtaking/ Passing								
	05 Turning right								
	11 Slowing or stopped in traffic								
	12 Other								
	13 Unknown								

OFFICER NO. 1702	TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Scott Jarecke		INVESTIGATOR SIGNATURE Approved by Officer Scott Jarecke	
DATE OF REPORT 06/21/2016			

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-054964

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	Rodney L Foss (08-15-1979)	4721 S 45th St., Lincoln, NE 68516			4022176845
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1702		5	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Scott Jarecke			Approved by Officer Scott Jarecke		06/21/2016